

POWERLESS OVER ALCOHOL

Professional Project

Presented in Partial Fulfillment
of the Requirements for the
Degree of Doctor of Ministry
in the Department of Pastoral
Care and Counseling
of the
School of Theology at Claremont

BY
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June 1976

This professional project, completed by

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of the School of Theology at Claremont in partial
fulfillment of the requirements for the degree of*

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ABSTRACT

The purpose of this project is to present chronic alcoholism as just one aspect of the alcoholism disease. The reason we have made so little progress in the treatment of alcoholism is our attempt to isolate chronic alcoholism from the soul sickness of our society as a whole. By no means are chronic alcoholics responsible for all or even most of the evils of alcohol abuse. Most people who drink to the point of intoxication are not thought of as alcoholics at all, despite the fact that intoxication is the only certain and indispensable symptom of alcoholism. Deliberate and willful drunkenness is actually situational and symptomatic alcoholism and should be labeled as such, and together with chronic identified alcoholism are but symptoms of the social disease suffered directly or indirectly by all of us as a people.

I have drawn upon my experience of thirty years as a professional counselor in the ministry, twenty-five of them in the Navy Chaplain Corps, eight of them as Senior Chaplain of major hospitals and eight years as a professional staff member of treatment programs for alcoholism and drug abuse programs.

To accomplish my purpose, I have presented some of the theological implications of original sin, the process of evolution, and the dynamics of ego psychology. I have

discovered here some of the sources of our attitudes toward the use of alcohol ranging from prohibition to uncontrolled excessive drinking. I have attempted to formulate the means to a sane and knowledgeable understanding of why this drug is used at all and why it is so widely abused.

I have challenged the prevalent notion that alcoholics can be helped only after they have developed chronic alcoholism and have crashed to an absolute bottom. I have disputed the notion that alcoholics can be helped only after they seek help. If alcoholism is in no way treated as a crime and has no more social stigma than tuberculosis, then intoxicated people can be detoxicated willing or not by public authority. No one can doubt that a drunk person is temporarily insane and dangerous to himself and others. The drunk can be removed from circulation until it is safe to circulate again. There is no loss of civil rights, because no one has a civil right to be temporarily insane. We can make abundantly clear that drunkenness is socially unacceptable. When alcoholics are faced with the fact that they will continue to be treated until recovery, there will be no place to hide and denial will become impossible to maintain.

To admit that we are powerless over alcohol is not the same thing as saying that we can do nothing. We are not powerless over the disease. We know what to do. We must seek a sane attitude. We need to overcome our

moralizing and adopt loving, compassionate, but firm treatment methods.

We can do this if we can develop a common realization that excessive drinking is the major symptom of alcoholism, and that drunkenness is situational and symptomatic alcoholism. The time has come to recognize alcoholism as the most treatable and preventable of the major illnesses suffered by mankind.

PREFACE

On the 14th of April, 1949, I was sworn in as a Lieutenant (junior grade) in the Chaplain Corps, United States Naval Reserve. On the 1st of June, 1974, I retired from active duty with the rank of Captain, Chaplain Corps, United States Navy. Retirement has not meant that I am no longer a Navy Chaplain. I continue to serve the Navy, but on an irregular basis, more or less at my pleasure, and without a regular duty assignment. I am still on the staff of the Alcohol Rehabilitation Service of the Naval Regional Medical Center in Long Beach, California. My good friend and co-worker, Captain Joseph Pursch, Medical Corps, United States Navy is the Chief of that service. Dr. Pursch is a psychiatrist. He is also a human dynamo and a self-admitted workaholic. There is some question as to whether he or Secretary of State Henry Kissinger is the more widely traveled ambassador of good will.

Dr. Pursch and his predecessor, Captain Joseph Zuska, Medical Corps, United States Navy, Retired, are two very different men who share very much in common. Without an alcohol problem of their own, they love alcoholics. I have about half completed writing the story of "Drydock," telling of their efforts in the Navy's first successful attempt to deal with the problem of alcoholism in the Naval service. I had considered using this material as a

dissertation for the degree I am seeking, but decided not to do that. I have another purpose in mind, another sermon to preach. (I have not yielded to the idea of being a homilist. I don't deliver homilies. I preach sermons.)

My Navy career involved several distinct but congruent functions. I was first and always a Clergyman, a pastor to my people. This is what the Navy expected; this is what I delivered to the best of my ability. In the wonderful tradition of the Navy Chaplain Corps, I also served as Chaplain to all who were in anyway connected with the Naval service. I served them, Protestant, Orthodox, Jews, agnostics and atheists. I was a proud member of a team of dedicated clergymen of every faith. I lived with, worked with, suffered with, rejoiced with and deeply loved Protestant Chaplains, Catholic Chaplains, Jewish Chaplains, and Priests of the Orthodox Churches. I was also, and still am, although retired, a Naval officer with all the rights, duties, privileges and limitations of any other officer in the United States Navy.

Navy Chaplains are called upon to deal with every human need experienced by the men and women of the Naval service and their families. We know very well what problems they and their families encounter. The paper I am presenting stems from a personal conviction, a bias, if you will. Over the years the single most important problem affecting the health, the spiritual life, the family life

and the personal life of the people I served is the use and abuse of alcoholic beverages.

I have also been a citizen of numerous civilian communities all over the United States and abroad. I am convinced that the Navy does not have a greater alcohol problem than these civilian communities. The problem is simply more evident in the service.

In November, 1968, I became the Senior Chaplain at the Naval Hospital, Great Lakes, Illinois. In those days a large number of casualties from the Vietnam war swelled our count to 1500 inpatients. I read and heard much about the grave problems of drug abuse, especially among Vietnam veterans and other young servicemen.

In addition to the number of patients in our hospital, we had on board 1500 to 2000 students in the hospital Corps School. They were training to become the corpsmen for which the Medical Service Corps is so justly famous. With very few exceptions these young men and women were less than twenty-one years old, and all of them were more than eighteen.

I was in a position to know better than anyone else the scope and extent of drug problems. We had some. They were situational and transitory. I did not encounter even one genuine heroin addict in the nearly five years I served as Senior Chaplain, Naval Hospital, Great Lakes. Alcohol though was a different problem. I met, talked to

and counseled hundreds of young people with problems due to alcohol. Many of them were chronic alcoholics.

I was instrumental in devising an in-hospital program for the treatment of alcoholism. I was in part responsible for the establishment of the third Navy Alcohol Rehabilitation Center adjacent to the Naval Hospital, and together with the other hospital chaplains established a chaplains program as an integral part of the treatment process. In January, 1973, I came to the Navy's first treatment program on temporary duty at the Navy Alcohol Rehabilitation Center in Long Beach, the now famous "Drydock I," I was due for rotation and my relief had been named. I had orders to the professional staff of the second ARC in Norfolk, Virginia, but Dr. Zuska intervened with the Chief of Chaplains and I was assigned in June of that year as a member of Dr. Zuska's staff in Long Beach.

It was in Long Beach I met Dick Jewell, the original instigator of the Navy's treatment program. A line Commander in the Navy, Dick had been retired for a physical disability following a heart attack. A successful educator before he came into the Navy in World War II, Dick had been unable to work. With time heavy on his hands he became interested in working with wet (drinking) alcoholics. After he had some success with civilians, he approached Dr. Zuska at the Naval Station in Long Beach

with a request that he be allowed to work with some active duty alcoholics under the sponsorship of the Senior Medical Officer. Dr. Zuska was a surgeon on his last tour of duty before retirement. He knew nothing about alcoholism and its treatment, and Dick didn't know much. So together they began attending the many open meetings of Alcoholics Anonymous in the area and recruited several recovered alcoholics to advise and assist them. So was begun an almost clandestine operation of treating chronic, drinking alcoholics still on active duty. At first their efforts were met with stern disapproval from their superiors. Soon however, they began returning completely rehabilitated alcoholics to the fleet. Officers and enlisted men and women who stayed sober, became productive citizens and performed their duties in an outstanding manner. Senior fleet commanders were impressed. Referrals increased. And the Navy's treatment program began.

I love these three men. They save lives. They heal people who are headed for disgrace, insanity and death. And they do it with the medicine of love. They love the unloved, unloveable drunken sailor. They love the alcoholics. They accept their disease. But not for a moment to they tolerate their drunken conduct. They are not gentle about getting them into treatment. They don't wait for these patients to come in seeking help. They don't wait for them to hit bottom. They take the bottom

and hit them with it, and God have pity on anyone who gets in between. They don't mince words. They do more than call a spade a spade. They use it as a shovel.

Like Dick and Dr. Zuska, but a few years later and before I ever heard of either of them, I became interested in Alcoholics Anonymous and recruited a team of recovered alcoholics to help me with my program of treatment. I believe in the AA program. All the recovered alcoholics I know practice the twelve recovery steps of AA. All of our patients who got well followed the same program. I am convinced that this is the way to go. Not just for alcoholics; for all of us.

The membership of Alcoholics Anonymous is restricted to alcoholics only. They won't let the rest of us in. And the members are personally anonymous at the level of press, television, radio and film. Their anonymity is carefully and rightfully guarded. But their principles are there for anyone to use, church, psychiatry, medicine and the other professions. They have no secrets we cannot use. And those of us who are not members don't have to be anonymous. While we must respect the twelve traditions of AA, we are not restricted by them. So I speak as a pastor of souls, as a clinician long experienced in the delivery of health care, and as a concerned citizen of my country.

Expecting neither success nor failure, I direct my

efforts to the limit of my ability and influence:

1. To involve the Church thoroughly, effectively, aggressively and successfully in programs of education, prevention and treatment of alcoholism.
2. To proclaim to alcoholics, suffering and recovering that the Church is a real asset, a storehouse of spiritual resources, and a healing agency for them and their families.
3. To dispel the hostility of the Church to alcoholics - especially the suffering, drinking, guilt ridden drunks.
4. To dispel the hostility of alcoholics, suffering and recovering to the Church.

That is a large order and I do not expect to accomplish all of it in this project. I present the foregoing to explain my bias and where I am coming from personally.

The purpose of this project is to present chronic alcoholism as just one aspect of the alcoholism disease. I think the reason we have made so little progress to date is that we attempt to isolate chronic alcoholism from the soul sickness of our society as a whole. By no means are chronic alcoholics responsible for all or even most of the evils of alcohol abuse. Most people who drink to the point of intoxication are not thought of as alcoholics at all. There is such a thing as deliberate and wilful drunkenness which is actually situational and symptomatic

alcoholism. And drunkenness together with chronic alcoholism are but symptoms of the social disease suffered by us as a people.

The individual alcoholic becomes treatable when he admits defeat. We as a people, as a society and as a nation will become treatable when we admit defeat and acknowledge that we too are powerless over alcohol.

I have already named Joe Zuska, Joe Pursch and Dick Jewell as three of my dearest friends whom I love and who have helped me so very much. There are a host of men and women in Alcoholics Anonymous, and a number of patients and clients whom I cannot name, who also deserve my gratitude.

To the School of Theology at Claremont I owe a special debt. I retired from active duty somewhat earlier than I had planned because of a personal illness from which I have since recovered, and because of the terminal illness of my mother, who departed for heaven last June 25th. I applied to the School of Theology and was accepted as a graduate student. I have been warmly received. I have been treated with love and kindness. I have been helped, encouraged, taught and supported in my efforts to obtain at long last a professional degree. I expect to leave this program better equipped and more competent to serve God and His people than at any previous time in my life. I shall not try to name all the people who have helped me here. I

shall only state that I was attracted to Claremont by Dr. Allen J. Moore whose seminars for Navy Chaplains greatly benefited me. Dr. Paul Schurman is my faculty advisor. He and Allen have become good friends. Dr. Ekkehard Muehlenberg has allowed me to borrow from his vast erudition, and so has my professor in psychiatry and supervisor of my clinical internship in the Westminster Outpatient Service of the Orange County Department of Mental Health, my friend, Dr. E. Mansell Pattison. Madeline McReynolds has kept me organized. These people are typical of the many who have helped me to arrive at this moment. I thank them and love them all.

CHAPTER I

POWERLESS OVER ALCOHOL

"We admitted that we were powerless over alcohol -- that our lives had become unmanageable." Alcoholics Anonymous 1st Step.

Alcoholism is a disease of pandemic proportion. It is a disease suffered by the American people. Not all of us are alcoholics, that is true, Perhaps seven percent of us are chronic alcoholics. We cannot say that only these ten million Americans suffer from the disease. It is not something they suffer and we do not. Alcohol is a mind altering drug which affects all of us, our families, our society, and our nation. Alcohol is a widely used drug with no beneficial effect. Its use tears the fabric of our social, economic, and political structure by its disintegrating effect upon the user and the community.

Alcohol produces a state of toxicity (Poisoning) according to the amount consumed. A very small amount produces a slight and almost unnoticed toxicity which is promptly corrected by body metabolism. Heavier usage produces a lengthy intoxicated state. For many hours before coma sets in or recovery occurs judgment is impaired, controls over behavior are diminished or absent, and motor

skills are reduced.

Intoxicated people are accident prone, and are dangerous to themselves and everyone around them. Fifty percent of the annual traffic deaths involve a drinking driver, not necessarily an alcoholic.¹ Sixty percent of pedestrians killed in Los Angeles County in 1972 had significant levels of blood alcohol content. Fifty percent of murder victims in Los Angeles County in 1972 had been drinking. Fifty percent of all adults admitted to LAC/USC Medical Center with a fractured bone, fractured it during or after drinking.²

Aggressiveness after drinking has made alcohol the most violence-producing of all drugs. Ninety percent of all assaults and fifty percent of all homicides take place while the aggressor is under the influence of alcohol.³ Half of all rapes are committed while the rapist is under the influence of alcohol.⁴ Six out of seven suicide victims had been drinking. Two out of three unsuccessful

¹National Safety Council, Report (San Antonio: United Services Automobile Association, 1974).

²Pathologist George D. Lundberg, M.D., Report on effects of Alcohol Consumption in Los Angeles County, California (Privately reproduced by Dr. Lundberg for distribution at his three lectures) (Los Angeles: University of Southern California, 1972).

³National Commission on Causes and Prevention of Violence, Staff Report (Washington: Government Printing Office, 1969).

⁴M. Amir. Patterns in Forcible Rape (Chicago: University of Chicago Press, 1970).

suicide attempts are made by people after drinking. The synergistic effect of alcohol in combination with sedatives, depressants and tranquilizers is well established. This accounts for a large number of accidental deaths in people who have consumed alcohol and other drugs without suicidal intentions.⁵

Hundreds of thousands of families are devastated by divorce, desertion or separation primarily because one or both partners drink too much. The children of such marriages are particularly affected by neglect, persecution and physical attacks they have suffered over many years. Many of these children whose family life was ruined by alcohol turn to this same drug for relief from the pain of their situation.

The total cost to government, federal, state, and local when added to the losses suffered by industry is conservatively estimated at fifteen billion dollars a year. Poor job performance, tardiness, absenteeism, illness, accidents, waste and bad decisions are only some of the causes of losses to production and operations. Police, court, jail and probation costs are enormous.⁶

⁵D. W. Godwin, "Alcohol in Suicide and Homicide," Quarterly Journal of Studies on Alcohol, 34:144, 1973.

⁶National Institute on Alcoholism and Alcohol Abuse, Special Report to the U.S. Congress (Washington: Government Printing Office, 1974).

Earlier studies indicated that alcoholics and problem drinkers were almost always thirty-five years of age or older. We have been much concerned, and rightly so, about the use among young people of marijuana, heroin, uppers and downers. Later surveys show that alcohol is the drug usually used by adolescents and with worse effect than heroin.⁷

It is difficult, if not impossible, to understand why the popularity of alcohol use continues to increase each year. Why do people continue to use alcohol long after they have lost their health, their jobs, their families, their assets, their friends and their self-respect? The answer I think is to be found in the notion that only ten percent of drinkers become alcoholic (which is true), and that ninety percent of drinkers use the drug without any problems at all (which is not true). All those who use alcohol socially have the firm conviction that they are in the ninety percent group, and most of the ten percent who are chronic alcoholics think that they too are social drinkers. There is a complete lack of insight among the American people regarding our use of alcohol. The alcoholic denies his alcoholism because denial is a part of his disease. The American public denies the

⁷Margaret Bacon, Teen Age Drinking (New Brunswick, NJ: Rutgers Center of Alcohol Studies, 1966).

evidence of the devastating effects of alcohol use because drinking is a custom woven into the warp and woof of the American ways of life. Let's take a look at our responses to the use of alcohol.

With regard to the use of beverage alcohol there are four types of human response. Some people do not drink alcohol at all. Some drink it occasionally and never over-indulge. Some drink it frequently and occasionally get drunk. And some people become alcoholics.

I was very much surprised to learn that the majority of people in the United States of America do not drink alcohol. The largest estimate of alcohol users that I could find set the figure at 90 million Americans who drink alcohol in any form at all.⁸ From the 210 million population estimate of the 1970 census this would leave 120 million totally abstinent people. A minority of these are active opponents of alcohol use. The rest have no strong opinions, but on a live and let live basis, they simply have life styles that don't include drinking.

Ninety million Americans drink alcohol. When these people pick up a drink there is no certain method of predicting what will happen to them between that and the last

⁸Don Cahalan, Ira H. Cisin and Helen M. Crassley. American Drinking Practices (New Brunswick, NJ: Rutgers Center of Alcohol Studies, 1969).

My figure of thirty million is a projection of the percentage of heavy drinkers in these studies.

drink they will ever take. I shall discuss this point at greater length later on. Here I state with considerable emphasis that when a person begins to drink there is no way of knowing in advance what kind of a drinker he or she will become. We do know that sixty million of them will drink with moderation. Thirty million will get drunk. Ten million will become alcoholics. And one million alcoholics will regain sobriety through treatment and recovery programs.

This is how I divide Americans by their drinking habits.

1. The Sober Majority

- A. Prohibitionists

Those who are opposed to the use of alcohol as a beverage by anybody, anywhere at anytime.

- B. Total Abstainers

Those who have chosen not to drink because they disapprove of the use of alcohol as a beverage.

- C. Non Drinkers

Those whose life style chosen for themselves does not include the use of alcohol as a beverage. Drinking does not appeal to them and they don't want to drink.

- D. The Undecided

Those who have made no decision at all but have not as yet begun to drink. They may or may not choose

to drink at some later stage in their lives.

II. Alcohol users.

A. Occasional drinkers.

Those who sometimes take one drink and may have a second drink, but who usually do not drink at all.

B. Regular drinkers.

Those who habitually have a highball, a cocktail or wine with dinner, but never have more than two drinks at any one time.

III. Alcohol Abusers.

A. Occasional drinkers.

Those who seldom have more than two drinks at any one time, but once in a while consume four or more drinks.

1. Intentionally

Those who seldom get drunk, but when they do, they intend to get drunk.

2. Accidentally

Those who never intend to get drunk and usually don't, but once in a while they get carried away, consume more than their intended quota and without deliberation do in fact get drunk.

B. Heavy drinkers. Situational and symptomatic Alcoholics.

Those who usually consume four or more

drinks at a time and do so often. The one certain symptom of alcoholism is intoxication, which is produced by this amount of alcohol consumption.

1. Those who drink to get drunk.
2. Accidentally

Those who don't want to get drunk but usually do.

IV. Alcoholics, Chronic and Identifiable.

Those who have lost the ability to control their drinking.

1. Those who cannot avoid the first drink.
They must drink even when they want not to drink.

2. Non Addictive

Those who could avoid the first drink, but once that drink has been taken cannot predict or control the amount they will drink. Sometimes they drink and don't get drunk. More often they drink and do get drunk, but they have no choice after the first drink.

I could add a classification of recovered and recovering alcoholics, but I don't think it would be valid. These are people who at one time or another have been in every one of the classifications I have listed and have now rejoined the sober majority.

At the beginning of this chapter I quoted the first step of the recovery program practiced by Alcoholic Anonymous. That kind of admission is necessary for the chronic

alcoholic to recover from his disease. It is I think the starting point for the American people as a whole. As a society we must admit that we are powerless over alcohol and our lives have therefore become unmanageable.

CHAPTER II

SANITY AND THE DENIAL SYNDROME

"We came to believe that a Power greater than ourselves could restore us to sanity." Alcoholic Anonymous 2nd Step.

Denial is the chief characteristic of the disease of chronic alcoholism. As long as the individual alcoholic denies the existence of his disease he keeps on drinking. And since the essence of his disease is compulsive drinking we can see the need for denial.

Denial is not the same as lying. The alcoholic believes what he says when he says he is not alcoholic. When under pressure he gives intellectual assent to the notion that he has a drinking problem or is alcoholic, in his innermost self he still believes he is not.

In the opening paragraph of Chapter I, I stated that alcoholism is a disease of pandemic proportion suffered by the American people. Our entire society is soul sick in its attitude toward the use of alcohol.

Denial is also the chief characteristic of the social disease of alcoholism. Like the individual alcoholic, we think that we might have a drinking problem, but we close our eyes to the evidence. As a nation, we have made countless attempts to control and enjoy our

drinking. The condition of chronic suffering alcoholics is best described in Chapter 3 of the basic text of Alcoholics Anonymous, known as the "Big Book."¹⁰ With the conviction that there is a message for all of us, the sober majority, alcohol users, alcohol abusers as well as chronic alcoholics, I quote seven paragraphs from this chapter entitled "More about Alcoholism."

Most of us have been unwilling to admit that we were real alcoholics. No person likes to admit that he is bodily and mentally different from his fellows. Therefore, it is not surprising that our drinking careers have been characterized by countless vain attempts to prove that we could drink like other people. The idea that somehow, someday, he will control and enjoy his drinking is the great obsession of every abnormal drinker. The persistence of this illusion is astonishing. Many pursue it into the gates of insanity or death.

We learned that we had to fully concede to our innermost selves that we were alcoholics. This is the first step in recovery. The delusion that we are like other people, or presently may be, has to be smashed.

We alcoholics are men and women who have lost the ability to control our drinking. We know that no real alcoholic ever recovers control. All of us felt at times that we were regaining control, but such intervals - usually brief - were inevitably followed by still less control, which led in time to pitiful and incomprehensible demoralization. We are convinced to a man that alcoholics of our type are in the grip of a progressive illness. Over any considerable period we get worse, never better.

¹⁰Alcoholics Anonymous, The Big Book, (New York: 1955).

We are like men who have lost their legs; they never grow new ones. Neither does there appear to be any kind of treatment which will make alcoholics of our kind like other men. We have tried every imaginable remedy. In some instances there has been brief recovery followed always by still worse relapse. Physicians who are familiar with alcoholism agree there is no such thing as making a normal drinker out of an alcoholic. Science may one day accomplish this, but it hasn't done so yet.

Despite all we can say, many who are real alcoholics are not going to believe they are in that class. By every form of self-deception and experimentation, they will try to prove themselves exceptions to the rule, therefore, non-alcoholic. If anyone who is showing inability to control his drinking can do the right about face and drink like a gentleman, our hats are off to him. Heaven knows, we have tried hard enough and long enough to drink like other people!

Here are some of the methods we have tried: Drinking beer only, limiting the number of drinks, never drinking alone, never drinking in the morning, drink-only at home, never having it in the house, never drinking during business hours, drinking only at parties, switching from scotch to brandy, drinking only natural wines, agreeing to resign if ever drunk on the job, taking a trip, not taking a trip, swearing off forever (with and without a solemn oath), taking more physical exercise, reading inspirational books, going to health farms and sanitariums, accepting voluntary commitment to asylums. We could increase the list ad infinitum.

This description of the denial characteristic was written from the collective experience of men and women recovering from alcoholism in the fellowship of Alcoholics Anonymous. It also describes the denial characteristic of society about this disease and its social suffering.

We don't like to think that our national attitude toward the use of alcohol is sick. The idea that we can control and enjoy the use of alcohol is a national

obsession. This illusion is pursued to the gates of insanity and death, not only of chronic alcoholics but of innocent people who don't drink at all and become victims of traffic collisions, pedestrian injuries, assaults, rapes, homicides, divorces, desertions, and child abuse perpetrated by people who all think they are social drinkers.

There have been countless vain attempts to gain control - prohibition, local option, wet and dry states, licensing, laws, regulations. We have tried drinking only beer. We have permitted drinking at home only. We have restricted drinking to bars only. We have sold it by the bottle only. We have forbidden package sales (a euphemism if ever I heard one) and permitted sale by the drink only. We have forbidden bar drinking and permitted package sales only. We swore off forever (prohibition with a solemn oath). We committed alcoholics and lesser drunks to jails, asylums, health farms and sanitariums - the list could be increased ad infinitum.

Using the categories of alcohol attitudes I suggested earlier, let's take a look at the results of what we have tried.

There are very few active prohibitionists around these days, if by prohibitionists we mean people who want the eighteenth amendment to the Constitution reenacted. We think of these people in highly uncomplimentary terms.

There are a greater number who are prohibitionists in the sense that they oppose all use of alcohol by anyone at any time.

Present day opinion is that prohibition was tried and failed miserably. There is a notion that conditions were better before prohibition and improved after repeal. This is not true. Prohibition worked very well for a time as long as we worked it. We just weren't willing to pay the price.

The bias of Ernest Gordon in his book "The Wrecking of the 18th Amendment" is evident. He is polemical and does sound strident. But there is no disputing his statistical references. They come from unprejudiced sources.¹¹ They are not overcome by George C. Howell in his powerful attack on prohibition "Case of Whiskey" written in 1928 and which does not dispute the social improvements of the early prohibition years.¹²

The U. S. Statistical Abstract (1926, p. 71) shows a decline of twenty percent of all prisoners in all penal institutions. The number of institutionalized paupers

¹¹Ernest B. Gordon, Wrecking of the Eighteenth Amendment, (Francestown, NH: Alcohol Information Press, 1943).

¹²George Coes Howell, Case of Whiskey, (Altadena, CA: G. C. Howell, 1928).

decreased twenty-five percent, and alcohol commitments by fifty-six percent. Arrests for disorderly conduct and vagrancy decreased fifty percent. These figures reflect the change after three years of prohibition (1923) compared with the pre-war year of 1910.¹³ Dr. Horatio Pollock, statistician for the New York State Hospital Association wrote, "In its mental disease record, in its crime record, and in its drunkenness record, the year 1920 stands without equal in the recent history of this country."

Additional studies quoted showed the near elimination of commercial prostitution which did not reappear until the enforcement of prohibition had been broken down and the depression of the 1930's set in. Crime statistics began to rise in the latter years of prohibition, but did not reach former levels until after repeal. The era of prohibition was the most law abiding period of our history.

The American people swore off drinking forever in 1920 when 46 of the 47 states ratified the 18th Amendment. But in 1933 the sober majority yielded to the demands of the social users of alcohol and ratified the 21st Amendment to the Constitution and legalized alcohol with reservations. David Riesman in his book "The Lonely

¹³U. S. Statistical Abstract, (Washington: Government Printing Office, 1926).

Crowd" describing inner directed and other directed personality types states that prohibition was the last major battle to maintain the dominance of the white Protestant majority and that it was defeated by the liberating influences of Blacks and ethnic immigrant peoples; Italian, Irish, Jews, Polish and German.¹⁴

Prohibition was not the answer. Short of an absolute dictatorship it would be impossible to enforce in America and we don't want dictatorship of any kind. Besides there are no instances in which a dictatorship has established prohibition, and no evidence that one could. The disastrous fall-out of prohibition has surrounded alcohol use with the anxiety of guilt and shame of the forbidden fruit, and makes no clear distinction between drinking and drunkenness. There is even some evidence that prohibitionist attitudes contribute to the causes of alcoholism. Studies have been cited to show that a significant number of chronic alcoholics come from families with prohibitionist attitudes, and that a high percentage of people who become drinkers from such backgrounds become alcoholic. I think that these studies do not sufficiently stress that alcoholics come from families with ambivalent

¹⁴David Riesman, The Lonely Crowd, (New Haven: Yale University Press, 1961).

attitudes more often than from families with unanimous conviction, and that fewer people from abstinent traditions drink at all. At any rate, like the chronic alcoholic who quits drinking altogether and fails, we as a nation failed to quit drinking as we tried to do, and the failure of prohibition was followed by still less control.

Many of us are total abstainers, but not prohibitionists. We do not use alcohol at all. Some of us have made a decision against drinking because of religious convictions. Some of us have tried drinking and find that it isn't worth the effort, the expense, and the hazards. Others have simply chosen life styles that either exclude alcohol, or at least do not include its use. A large number of us are people who have made no decision at all, but simply have not at this time begun to drink. We don't oppose its use by others. We are tolerant of those who drink. We are not prohibitionists. We know that we are safe from drunkenness and chronic alcoholism, but only so long as we remain abstinent. And oh, we can be so smug and self-righteous. Alcohol, we may be heard to say, doesn't play any part in our lives at all. But it does.

Everytime we walk the streets, or drive our cars our lives and our safety are touched by alcohol use. When we pay our taxes we pay for the sins, the crimes, and the

destructiveness of drunk behavior. We pay the costs for the treatment of alcoholism, and the greater costs for its non-treatment. Our denial takes the course of non-involvement on a conscious level and constant involvement on the level of ignorance. Not all of us, just almost all of us.

CHAPTER III

SO WE DRINK

Ninety million of us drink. The substance we take into our bodies is ethyl alcohol, also called ethanol, a chemical which is double first cousin of the chemical ether. Like ether it is an anesthetic. Somewhat more stable and less volatile than ether, it first sedates, then if sufficient quantities enter the blood stream induces sleep, unconsciousness, deep anesthesia, and death. As alcohol is removed from the blood stream, consciousness returns. Ten percent of alcohol is removed by the lungs and kidneys, the remainder by the liver. In a healthy 160 pound man the liver removes about one ounce of ethanol every two hours.

This clear colorless liquid is the active agent in wine, beer, ale, vodka, rum, bourbon, scotch, whiskey, tequila, rye, champagne, brandy and other liquors. The body does not care how alcohol arrives in the blood stream; it is the amount of alcohol that makes the difference. One bottle of beer contains a half ounce of alcohol and so does an ounce of whiskey, eight ounces of natural wine, five ounces of fortified wine and an an ounce and a half of brandy, rum, gin and vodka. Three ounces of bar whiskey or its equivalent produces a blood alcohol percent level of .05, enough to sedate the body. Twice this amount, .10%

blood alcohol begins anesthesia. This is an extremely hazardous level because neither the drinker, nor those about him realize that his coordination has been impaired. The body uses the alcohol as a quick energy food, completely deficient in vitamins, minerals and proteins, but high in glycogen. So we have a very energetic person, apparently still sober, but actually anesthetized. Most states will convict a driver who is caught with this level of blood alcohol. Three more ounces of whiskey removes all doubt. The person is legally drunk. Three more and he is unconscious, and with any more than that his life is in danger.

Repeated use builds tolerance, which means that the body reacts more slowly to alcohol. Greater amounts are needed to produce sedation and tranquility, and a longer time is needed for the liver to detoxify the blood stream. This leads in time to dependency, that is a physical need to have alcohol in the blood in order for the body to function normally. Dependency or addiction is usually not acquired rapidly but sooner or later will trap anyone who consumes enough alcohol over a long enough period of time. Tolerance, dependency and addiction are the body's coping mechanism for the continuous excessive use of any substance. It is important to know that addiction is not an aberration, that it is not restricted to any particular substance, and that no one is immune.

When alcohol is consumed faster than the liver can transform it, intoxication (poisoning) results and a degree of anesthesia is produced. When we consider that a well functioning adult body requires two hours to eliminate two ordinary bar type cocktails or highballs and one hour to eliminate two beers, we can see that this level of consumption induces relaxation and a change in physical feeling. Minor physical pain and muscle tension are sedated. This is the level reached by the most moderate of social drinking. This is the home size before dinner highball or cocktail and less than the generous serving in high priced restaurants and bars. It takes only twice this amount for the blood alcohol level to reach .10% with a definite impairment of nerve and muscular efficiency. The American Medical Association recommends that this level be set as the point of legal intoxication. An additional drink or two brings on gross malfunction of mental and physical coordination.

Tolerance does not change the level of intoxication, it merely enables the body to function with greater levels of blood alcohol and requires more alcohol to produce the desired sedative effect. With rare exceptions this mild sedation is the only physical effect that any drinker really seeks. Rarely indeed does anyone want to become drunk. As some of us develop a physical tolerance with repeated use, we drink more and more to gain and to maintain

the desirable physical relaxation and suffer the by product of intoxication in the process.¹⁵

¹⁵From among the many descriptions of the effects of alcohol on the body, I have chosen to use Dr. Lundberg's report as the background for my remarks in this section.

CHAPTER IV

NATURAL MAN VS. SUPERNATURAL MAN

Far more important than these physical effects is what goes on in the soul of man. Alcohol in any level of sedation provides a temporary surcease of the pain of human existence. The constant struggle between supernatural man and natural man is eased, and for a while man feels whole. In psychological terms the super ego and the id are relaxed and the ego is freed. We feel good. We feel that we are more of one piece, less fragmented.

The dilemma of man's existence is told in the 2nd and 3rd chapter of the Book of Genesis.¹⁶ Whether or not the creation story is a factual history of man's existence is irrelevant here. What is presented is a continuing theology of human life. God said, "Of the tree of the knowledge of good and evil you shall not eat, for in the day that you eat of it you shall die." But serpent said "You will not die. For God knows that when you eat of it your eyes will be opened, and you will be like God knowing good from evil. So when the woman saw that the tree was good for food and it was a delight to the eyes and the tree was desired to make one wise, she took of its fruit and ate. And she also gave some to her husband, and he ate. Then

¹⁶R.S.V.

the eyes of both were opened, and they knew that they were naked." We have eaten of the fruit of the tree in the garden and we cannot digest it.

Pre-Eden man didn't know he was naked. He didn't know of good and evil. Like dogs, sheep, cattle, lions and tigers he lived life as it is, each day as it came in perfect innocence and ignorance of what ought to be. This was natural man as he is. But on the day that man aspired to be like God, supernatural man began to exist. Knowing and striving for what ought to be, aware of the difference between good and evil he came into essential conflict with himself, the soul of a god entrapped in the body of an animal, reaching for life beyond the heavens and given a physical instrument that rots, decays and dies. Limited to an outreach of a few feet and stretching to touch the stars, man stands naked upon the earth and in vain tries to clothe himself.

Many people of great faith accept the creation story of Genesis as factual history. I have no quarrel with this at all. The idea that man was created in a perfect state and fell from grace through the sin of our first parents fits perfectly the human dilemma underlying the use of alcohol. The Genesis account contains the kernel of all human history, including that which is to come. Chapters 1 through 11 describe the basis of all human encounter with God: In that ancient garden and in

the streets of today. God creates and gives growth. Man is created for friendship with God. Then human sin enters in. The fall from grace is recounted four times over; the eating of the forbidden fruit by Adam and Eve; Cain murders Abel his brother; God regrets that He has made sinful man and destroys all except Noah and his family in the flood, after which this one good man got drunk (Genesis 9:20) and man built the tower of Babel to regain what he had lost. The whole glory and misery of human life are expressed in these few short and graphic accounts. Man was created for eternal life to be with God forever, and because he dared to be like God, knowing good from evil he lost the means. Every effort he makes to get where he seeks to be, is frustrated and man is condemned to die. Capital punishment for his original sin.

Until quite recently our view of the world was primarily static. Things are the way they are because that is how God made them. Sin came into the world because man sinned. And that was that. Now our realization of the world has changed. We can see further into the distant past. We perceive that the world is involved in an upward movement, in a process of growth one way or another. Our world is not static but dynamic. We seek answers not only in the beginning, but in the process of events and their culmination. God creates rather than created. And it is not all important that man sinned and was corrupted. He

sins and is corrupt. Adam stands yet at the gate. Cain roams the street. Noah builds his shelter and we build our numberless towers of Babel.

There is another explanation for the dilemma of mankind which reaches the same conclusion as the Genesis story.

The history of man on earth can be carried back as far as five thousand years only in a few parts of the world. Of life before that we have a few cave-paintings, a few small fertility symbols, the remains of campfires buried deep in the earth. And then there is nothing but a few hundred bones from the skeletons of our ancestors. Their skulls and bones tell us that the further back we delve into the past, the more primitive is the type of man we find. We find him half a million years ago, ape like, walking upright with strangely receding facial angles, using crude stone tools and hunting, though exactly how we do not know. One thing stands out clearly; the fact that a species of animal living in plains and forests mounted a long, slow line of evolution to reach the day when man first said, I will be like God. The original sin was not a fall from a perfect state attained. It was a reaching for a perfect state unobtainable.¹⁷

¹⁷The ideas expressed in this section are mine, but I must give credit to a source here, and recommend it for a better and fuller development of this theme. The French Jesuit, and late Pierre de Chardin Teilhard, The Phenomenon of Man (New York: Harper & Row, 1955) and Pierre de Chardin Teilhard.

Pre-Eden or primitive man on the steppes and in the forests and in the caves was purely natural man. He didn't try to change or manipulate the world. He only tried to survive as long and as well as he could. He was an imperfect being in an enveloping world, lacking in understanding and filled with wild passions. He did not try to change the quality of his life. The only evil was that which threatened his continued existence; the only good was that which filled and satisfied him. He took what he needed and wanted where he could find it. He was born; he lived; he grew; he propagated, and he died.

Trouble began on that day when our evolving ancestor lifted up his head and asked of himself: Who am I? What am I, hurrying on from the mystery of my beginning to the mystery of my end? What is the meaning of life? What kind of a world do I live in? He did not like the answer he found. He set out to change the world and to leave behind the animal beast from which he emerged. We are still asking and we are still trying. Age has not answered the question. We pose it in a hundred different ways, a thousand times over.

The solid, esteemed respectable citizen relaxing in good companionship puts the question in different terms from the derelict abandoned by society and whose life is a failure. The learned professor at the university sees the question from a different angle from the drill press

operator on the assembly line. The woman consumed by cancer in the hospital bed asks it differently from the fashion model sunning herself on the beach. The man on his knees in church seeks a different answer from the man relaxing at an X-rated movie. The agnostic puts it differently from the man of faith, and the man who follows his conscience differently from the man who ignores his. The question sounded different a hundred years ago, but it is still the same enigma which we always need to solve. It is not a game from which one can stand aside.

There is an unrest which goes to the last depth of our being. It is there even when life says yes to our needs; when we have humanized our world, and life is full and true. That which is truly good demands to remain so. But nothing lasts in this world. At the very moment that something unique and beautiful has been accomplished, it begins to pass away. It is true that the fruits of our work remain. We can leave behind timeless works of art, our knowledge and our love live on in our children and our grandchildren. But does this reassure me that my life has a purpose? If the unique I with my unbounded hopes be blotted out completely in death, can the purpose of my existence be fulfilled? Am I to say with the old Testament Preacher "The fate of the sons of men and the fate of beasts is the same; as one dies, so dies the other."

(Ecclesiastes 3:19).¹⁸

If this is our existence why do we not accept it. Why do we go through life with a question that goes further than any answer we can find? Our hearts are set on total security, on love that lasts, on limited happiness.

With our desire to be immortal like God there is our desire to be good like God. The supernatural man in us wants a well ordered life in a well ordered world. We want dignity, peace, health, wealth, happiness. We want the good life, and we perceive that in order to have it we must be good inside and out. To be good and to do good we call upon our innermost resources. We work hard. Our talents, our experience, our education, our material wealth are all used to build slowly, patiently and diligently. It takes a lot of time and effort to bear and rear a child, to build a skyscraper, to till the land, to feed the world, to write a book, to teach our children more than our ancestors knew or needed to know, to banish epidemics, to do the millions of tasks needed every day. We are doing well in our efforts. There is more leisure, more travel, more means of communication. There is better nourishment and better health for all. Our children live longer, richer lives than their parents. We are taking a firmer grip on our world.

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But evil grows apace with our accomplishments. After centuries of progress we have known mass murders in the most civilized regions of the earth. We have found ways of combating disease and invented new ways of killing. We send rockets into space, and men to the moon while we store rockets with undreamed destructive power and keep them armed and aimed at those we call our enemies. The ever growing crimes of violence, the bribery, extortion, and embezzlement sometimes leads us to believe that evil has triumphed and we are essentially bad.

Not so! We are essentially good. Our problem lies in the nature of evil. Destruction is so easy. It is hard to build, easy to destroy. A life time of good habits can be wiped out in one senseless destructive act. I cannot make a stained glass mosaic window in a cathedral, but I can destroy one in a minute. I can drive my car carefully and safely for a million miles and in an instant cause a fatal crash. A life time of virtue can come crashing down with one theft, one adultery, or one drunken spree. Even nature teaches us how easy it is to destroy when a few minutes of earthquake destroys the material fabric of a whole nation of people. When we consider how easy it is to destroy and to do evil we can marvel that we accomplish any good whatever. We are hardly bad at all.

To the instinct of self-preservation which keeps us within the boundaries where life is possible we add the

voice of conscience. This conscience of ours has elements of self-respect, regard for public opinion, inherited custom, education and the social restrictions imposed by law. There are great differences of opinion of what conscience allows or forbids. Yet we all know that the difference between good and bad is on a deeper level within us than the difference between useful and useless, between construction and destruction, and between pleasant and painful.

Even when no one sees the bad we do or is harmed by it, conscience warns, accuses and troubles us. We can learn what is the good we must do and the bad we must not do. But in personal responsibility each of us stands alone. Each of us says I am ashamed, I suffer remorse. It is not that I see myself as a judge. I experience something greater than that, and greater than the judgment of others. I stand alone with my guilt. With the Apostle Paul all of us cry out: "I do not do the good I want, but the evil I do not want is what I do." (Romans 7:19).

We all devise ways to escape the distress, discontent and insecurity of our lives. We plan for tomorrow. We lose ourselves in work, or art, or thought, or meditation or not thinking but simply living. We try the power of positive thinking. We take a pessimistic view to lessen the shock of inevitable disappointments. We hold on to happiness by being selfish and reserved; or we try to keep

it by giving it away, by being open and kind. We develop countless personal attitudes in an effort to find deliverance from our human deficiencies.

We are gods caged in the bodies of animals. We are supernatural man limited by natural man. We are crucified by our alternate-extremes.

And so we drink. Even the mildest of social drinkers experiences a relaxation from tension. The struggle within us eases and we feel whole. The subliminal pain in our bodies eases. The unconscious struggle in our souls fades away. We have a moment of peace. That is all that we seek, moderate drinker, situational drunk and chronic alcoholic.

CHAPTER V

THE EGO STRUGGLE

There is another way of describing the basic human dilemma by using the terminology and concepts of ego psychology. What I have described as the natural man, the purely animal man, or pre-rational man is the ID. The parallel is not exact between the id functions and pre-Eden man, but is close enough for my purpose in understanding the use of alcohol. The supernatural man in us is called the SUPER EGO. And a combination of the two in man's conscious self-awareness is called the EGO. These three terms are Latin words. Id means it, a depersonalized pronoun. Ego means I, and superego means above me or above myself.

Dr. Sigmund Freud teaches that the ego must always be alert to adapt itself satisfactorily to the demands of reality and at the same time respond to the demands of its two inner masters; the libido of the id and the condemnation of the super-ego. We can see ourselves the essential human tension proceeding from the physical desires of the id and the restrictions of the super-ego, particularly in its function of conscience. The tension is particularly acute when the ego has succeeded in repressing the specific contents of conflict and when these contents are incapable of becoming conscious thus producing a nameless feeling of

discomfort, of feeling bad without conscious realization of why. We experience opposite affects when the impulses of the libido-id are gratified at the same time the self-complacency of the superego is satisfied, resulting in an unspoken feeling of pleasure. We feel good without knowing why.¹⁹

The effect of alcohol sedation is to appease the hampering influences of conscience, thus allowing the id to be gratified more freely and a greater feeling of well being. The need of the ego to respond to the demands of reality are subjectively lessened by the sedative and anesthetic action of alcohol and a sense of euphoria and exhilaration takes place. The ego is made to feel free to function. There is no longing or desire for intoxication. Rather there is a strong inhibition on the part of conscience which resists intoxication even though the intake of alcohol is considerably increased and the physical effects are present.²⁰

The truly social drinker is likely to be a person with strong ego functions. The ego is in charge. Id and superego are in balance and neither unduly influences or threatens the ego. Even for such people there is tension between superego and id, and there is no permanent relief

¹⁹ Sandor Rado, Psychoanalysis of Behavior (New York: Gune and Stratton, 1956).

²⁰ Roy R. Grinker, Sr., Borderline Syndrome (New York: Basic Books, 1968).

from that tension in any human person. But alcohol gives fast temporary relief. With one or two drinks this effect of alcohol is not consciously noted, but then neither is the constant tension. The mild, pleasant relief is simply accepted as a good feeling that helps one enjoy good meals and a social occasion.²¹

As long as the ego remains in charge only the mildest alcoholic symptoms are ever likely. If alcohol is never used faster than the liver can eliminate it, tolerance will not develop and there will be no symptoms. However, frequent or daily usage usually results in a slight build up of tolerance, and daily drinkers who have never been drunk in their lives may experience some distress when they are suddenly deprived of alcohol.

No one can be sure that the state of balance with strong ego function will always be the case. This condition is not forever static and stable. There may very well be a temporary imbalance brought on by mental or physical stress. An emotional high on the joyful occasion of a wedding, a birth of a long desired grandchild, a promotion in social or economic status may then become the occasion for a once in a lifetime drunk by an otherwise abstemious social drinker. An extreme low after a family fight, a business failure or the death of someone really close may

²¹Ibid.

also result in a very unusual consumption of alcohol. It seems to be a good medicine for these rare occasions. There are times, too when the ego has been dealt such a severe blow that for a long time the balance is upset, and a previously moderate drinker may seek the relief provided by alcohol. We are familiar with those who suddenly get out of control after losing a job, a husband or wife, or family. Sudden prosperity and an oversupply of leisure time and money can be just as bad. These life crises do not always bring on symptomatic or situational alcoholism, but often enough they do. I raise the point that no one is so perfectly stable and balanced that the ego will always and everywhere be in charge. Temporary upsets are common to all and permanent upsets can follow long years of stability. When these upsets occur, the chances of symptomatic and situational alcoholism are increased, and chronic alcoholism becomes a possibility.

The id drinker is likely to get drunk once in a while, perhaps often. The id personality seeks to lose the supernatural man. He wants the superego with its nagging moralism to go to sleep. He wants to sing and dance and play. The clubhouse bar, the bottle at the football game, the cocktail lounge, the wet bar in the den all make playing and loving such fun. Gone are subliminal cares, the scarcely perceived notion that sex is dirty, that play is a waste of time. Eat, drink and be merry for tomorrow we die.

The id drinker may become a chronic alcoholic if he drinks enough to become addicted. But usually he doesn't. He doesn't need to drink in order to live. Alcohol doesn't help him to work or put to sleep deep psychic pain. He drinks only to be carefree and to play, to release his hostilities, his laughter and his tears. If the id person drinks at all, booze will enable him to be entirely id, to let go, to let down, to be free and easy. Symptomatic situational alcoholism meets his occasional or frequent needs. He doesn't need more than that, and is seldom subject to chronic alcoholism.

Id people sometimes grow up. There can be a strengthening of ego development with a new marriage, new family responsibilities, a job promotion or increased social status. There can be an enlightenment of the superego as a result of a spiritual conversion, or the shock of arrest and jail time for offenses committed after drinking. If addiction has not occurred such a drinker may very well stop his symptomatic alcoholism and either quit drinking altogether or drink very mildly.

Superego drinkers are quite likely to develop chronic alcoholism. Superego people either live strictly according to rigid moralistic standards or they are in constant psychic pain. They do not accommodate to life the way it is. They are very highly judgmental of other people. They are puritanical moralists. The religious among them

become the very few who will be saved while the sinful masses go to hell. The non religious spend enormous energy in self-justification. They always find people who are worse than they are so that they can live with themselves. And they frequently are filled with self-condemnation and self-hate.

When they drink, the alcohol treats the excessive superego. Life becomes tolerable. The world looks better. The id which has scarcely been allowed to function comes to life and even plays, sometimes quite freely. The ego is strengthened and the drinker feels whole and normal. Other people respond to him and they look better all the time. The world isn't such a bad place and life becomes worth living.

Then when the anesthetic wears off the superego comes bounding back, stronger and more insistent than ever. Social disapproval increases alongside self-loathing and self-condemnation. Ever increasing amounts of alcohol are required just to live some kind of normal balanced life. The id requires alcohol not to play, but to function at all. The anesthetized state offers the only semblance of a together, integrated personality.

Along with physical tolerance there is a growth of psychic tolerance. It takes more alcohol to produce the effect. For many years the superego drinker appears to be normal, and subjectively feels normal. However, his

drinking creeps up and up, until finally, at long last it doesn't work anymore. The last state is far worse than the first, alcohol is necessary for survival, but it no longer brings relief. The alcoholic drinks because he is sick. He is sick because he drinks. The booze he has to have to function prevents functioning. He becomes allergic to himself and the life sustaining fluid poisons him to death. The beginning of the end sometimes appears quite dramatically. The illusion of normalcy is gone now. The excessive drinking can no longer be hidden, and the super-accomplisher disintegrates before our eyes. Success is drowned in failure. The chronic alcoholic is unmasked at last.

CHAPTER VI

RESTORED TO SANITY

When recovering alcoholics in the AA program finally have admitted that they are powerless over alcohol - their lives unmanageable, they are ready to turn to a power greater than themselves, able to restore them to sanity. There is a huge implication in being restored to sanity. Very few alcoholics are less than sane except in their attitude towards the use of alcohol. People do crazy things when they are drunk, but they do these things, not because they are crazy, but because they are drunk.

I am saying here that the same thing is true of the American people. Our attitude towards the use of alcohol is less than sane. We don't recognize it as a dangerous, potentially lethal drug. We regard it as the elixir of life. Social occasions are not worthwhile in themselves. They need to be lubricated. It is not enough to meet distinguished people. They are honored at cocktail parties. We have social hours and happy hours. We don't offer people our librium and valium to help them relax after a hard day's work or a long journey. We offer them a cocktail or a highball. When we are too hot we take a cold refreshing drink to cool off. When we are chilled by the cold weather we take a drink to warm up. When we feel let down we take a drink to pick us up, and when we are tense we

take a drink to let us down. Worst of all, we are convinced that we can handle alcohol. It may hurt somebody else, but not me. I can handle it. And we believe that. All of us. Every kind of personality and every kind of drinker.

We won't allow civil authority any restrictive measure of control. We utterly reject prohibition and we insist that alcohol be easily available. The mildest social drinker is resentful when local laws make it impossible or even inconvenient to have his customary drink.

If the church tells us that all drinking is evil, we don't go to that church very often and when we do we don't listen. When the church tells us that moderate social drinking is not a sin we feel justified because the kind of drinking we do isn't sinful.

The symptomatic situational alcoholic avoids the restrictions of civil authority and defies with outright hate those church people who tell him he is a sinner. And the chronic alcoholic is already on a guilt trip. Additional guilt from church or state only add to an already intolerable burden.

We have also misplaced the stigma. There is little or no stigma attached to being drunk or intoxicated. But there is a terrible stigma to being an alcoholic. A socially sane attitude would reverse the stigma. A

socially sane attitude would demythologize the use of alcohol and would call things by their proper names. There is nothing immoral about being mildly sedated. It is all right to take an aspirin or two for a tension headache. Hypertensive people need drugs to keep their blood pressure within normal limits. And it is all right to use alcohol in small amounts for the temporary sedation it offers to relax and enjoy the relief from life's basic tensions. Those who use it within limits which allow their bodies to eliminate it before toxicity sets in need not be deprived of its use. But there is nothing glamorous about taking an aspirin, or a tranquilizer or a medication to control hypertension. And the idea that taking an alcoholic drink is somehow glamorous should be utterly rejected.

People who are intoxicated are poisoned, and they should be made to realize by social pressure that they are. People who are drunk are sick people. They are temporarily insane and should be so treated. It is not always easy to identify a person as mentally ill, especially when the condition is temporary. But when we do identify people in crisis and acting irrationally, we try to keep them from hurting themselves and others. It is easier to identify a person as being drunk than it is to recognize an emotional crisis. There should be no hesitation in calling attention to the irrationality and poisoned condition of a

drunk person. There is no need to tolerate drunk behavior from anyone at anytime. If we allow drunken behavior to go unchecked we shall get the results we deserve.²¹

We can and should accept alcoholics as sick people. We can treat them with love, and respect. We can accept their disease whether situational or chronic. But now that treatment is available we do not need to put up with the consequences of their disease. Alcoholism of any type is treatable., perhaps the most treatable of all major diseases. There is no need for any alcoholic to go untreated.²²

There is a notion that an alcoholic cannot be helped until he seeks help. This is not true at all. An intoxicated person can be and should be detoxicated at once. If alcoholism is in no way treated as a crime, and has no more social stigma than tuberculosis, then the intoxicated person can be detoxicated even against his will by public authority. No one can doubt that a drunk person is dangerous to himself and others. He can be removed temporarily from circulation until it is safe for him to circulate again. There is no loss of civil rights, because no one has a civil right to be temporarily insane. We can

²¹Rupert Wilkenson, Prevention of Drinking Problem
(New York: Oxford University Press, 1970).

Craig Mac Andrew, Drunken Compartment, (Los Angeles University of California, 1969)

²²George J. Strachan, Alcoholism, Treatable Illness
(Van couver: Mitchell Press, 1967).

make it abundantly clear again and again that drunkenness is socially unacceptable. When an alcoholic is faced with the fact that he will continue to be treated until he recovers, he will have no place to hide and his denial will become impossible to maintain.

Treatment programs will never be made mandatory so long as alcoholism is looked upon as a moral issue. People don't get drunk because they are bad people. They get drunk because they are sick people. When this is clearly understood by all, then we can treat them as once we treated people with smallpox and as we still treat typhoid carriers.

It has been said that if all alcoholics were to report at once for treatment that there aren't enough professional people to treat them. Well there aren't enough professional people. But this is one disease that responds to non-professional people better than it responds to professionals. Witness Alcoholic Anonymous with its tradition that it will remain forever non-professional. There are nearly a million people getting well in AA and they are treating one another. Other successful programs make great use of recovered alcoholics as counselors and therapists. And as each treated alcoholic recovers he can be used to help others. We won't run out of people to treat people and that is what works.

It may very well be that when another million

alcoholics are well on the way to recovery that God will restore our nation to sanity and every instance of alcoholism will receive immediate treatment. There is no question that God can and will restore national and social sanity if He is sought.

Meanwhile, to admit that we are powerless over alcohol is not the same thing as saying that we can do nothing. We are not powerless over the disease. We know what to do. We can seek a sane attitude. We can drop the moralizing and adopt loving, compassionate, but firm methods of treating the disease. And we can call a spade a spade. We might even call it a shovel.

CHAPTER VII

RECOVERY PROGRAMS

"We made a decision to turn our lives and our wills over to the care of God as we understood Him." Alcoholics Anonymous 3rd Step.

There is a better way to ease the essential tensions of our dual nature than the relief afforded by alcohol sedation. We can resolve the conflict altogether. To do so we have to give up the idea that we can reach a supernatural goal with the human materials we have. We are not going to get there by perfecting human nature. We don't have the transportation. Ever since Eden we have been in rebellion against God, because all by ourselves we want to be like God, to know the difference between good and evil and to be able to handle that difference.

On that day in the Garden when we ate of the fruit of the tree we got the message that God is angry with us. There has been a persistent communication failure every day since then between God and us. We think that He expects us to be perfect, holy and good all by ourselves, and when we are not that He will punish us by death and worse than death, by eternal damnation.

We think that God is angry with us because we are liars and cheaters, thieves, adulterers, and murderers, because we are evil doers and sinners. That is not His

message at all. He doesn't hate sinners. He loves them. The constant message He gave us when He manifested Himself in the person of Jesus Christ was love, concern, and redemption for sinners.

The reason He is angry with us is that we are trying to be like Him without Him. We are trying to do it our way, not His. We are trying to be God instead of being His children. That is the essence of our sin. We push God out of the way; we get rid of Him as best we can so that we can do as we please. We don't like the way He runs the world. We think we can do better. We want complete charge of our own lives. We want to be free and independent.

Quite often we think we have surrendered to God when in fact we have not. Instead of praying for knowledge of His will for us and the power to carry that out, our prayers are filled with requests for specific favors or gifts. We tend to use God as a mail order house. We demand the means to carry out our will, our plans, our ambition. When the founder of AA spoke of "self-will run riot" he was describing a universal human tendency as well as a specific characteristic of the chronic alcoholic. It is even possible to have a strong religious faith without surrendering to God's will. This intensifies the conflict between what is and what ought to be. The supernatural man wars against natural man. The critical

moralizer cannot conform his conduct to his overdeveloped conscience. Religion which is primarily a moral code, emphasizing over and over sinful conduct and the consequences thereof increases the tension between superego and id. Mental health and ego development become difficult, nearly impossible. This is the kind of religion practiced by the chronic alcoholic who is a daily communicant, and by those who tried and abandoned religion as a means to solve their alcohol problems. The only safe procedure for people with this kind of religious faith is never, ever to drink.

One need not have a religious faith to be highly moralistic. Indeed people without a religious faith are far more likely to suffer from conflicts of conscience. All religious faiths offer some means of forgiveness and atonement. Moralistic people without this relief are vulnerable to super-ego and id conflicts. These conflicts are sometimes consciously and torturously expressed, but more often they are repressed or even denied and lurk in the unconscious and to some extent they are ever present in all of us.

The one kind of religious experience that brings relief is total surrender to God's will in all things. When this is accomplished and continued on a daily basis the impossible struggle is given up. It is no longer a personal dilemma. It is turned over to God.

Such a surrender, so necessary for ego development runs contrary to ego desires. No one likes to surrender anything. It is a sign of weakness, a sign of defeat. Surrender means giving up freedom, and being subject to the will of others. That may very well be true of surrender to lesser powers than God. The alcoholic has surrendered to the bottle. The rest of us surrender here and there to obsessions, neuroses, phobias, guilt and the vicissitudes of living.

Surrender to God is merely acknowledging what is true anyway. When we surrender to the highest power there is, we gain a measure of independence from all lesser powers. By giving up the impossible we gain enormous strength and energy to achieve the possible. We can get on with the business of living.

We turn our lives and wills over to the care of the supreme power, and we plug into that power. We don't lie back and expect God to wait on us hand and foot. That isn't surrender. That is believing in magical fulfillment of our own wills. Surrender simply means that we do things His way not ours, and we do it with His enabling power, not our own.

I have considerable difficulty accepting the manner in which the program of Alcoholics Anonymous brings about surrender to God's will. They use the phrase, "God as we understood Him." There is no teaching about what God is

like, or who He is and it doesn't even matter whether He is. Just believe in some kind of Power that is greater than you are, and turn your life over to that Power. Atheists are told that they don't have to believe in God, just some kind of higher Power. Agnostics are told that it really doesn't make any difference what kind of God exists, or even if there is a God. Just believe anyway. It is the believing that works, not the belief. Those who have religious beliefs are told that they can follow any religion they choose.²³

Nowhere in AA is there a moral code or even a code of ethics. Just what God's will may be is not explained, except that for the alcoholic it does not include the ability to drink like other people. We are told that their's is a spiritual program, not a religious program as if there is a difference, and they insist that these are two different things. I resent that distinction because my religion, and all religions with which I am familiar are spiritual programs. And all spiritual programs are in fact religious in one way or another. I resent the fact that many people have tried, or say they have tried to get sober through church programs and have failed, only to achieve surrender to God's will through the AA program. I find it difficult to accept that the Sacraments, the

²³Alcoholics Anonymous, Twelve Steps and Twelve Traditions (New York: 1972)

public worship of God and the teachings of the Church are not the way to a sober, sane attitude towards the use of alcohol.

The one thing I cannot dispute is that for a large number of chronic alcoholics this program does work. I have a friend, a very good friend, who is an atheist. He is a very respectful atheist and doesn't oppose religion in any way. He simply is convinced that no God exists. He is also an alcoholic. For many years he could not achieve sobriety in AA because he would not accept the third step of the program. One day in desperation he decided that he would believe anyway, even though he knew it wasn't true. He hasn't had a drink since, and that was five years ago. He says that he believes in a God he knows does not exist at all, and this belief and non-belief keeps him sober. Of course his example is extreme, perhaps unique. It is, however, not unusual at all for members of AA to follow that program successfully and see no need for the Church, even to the point of seeing the Church as an obstacle. To me the success of such an irrational faith simply means that God meets those who sincerely seek Him to the best of their abilities at whatever point of faith they are able to accept. I do not see that religious indifferentism is the best means of achieving faith in God. Religious indifferentism works only when that is the only available means. Certainly the Church's belief in the identified

God is superior, but in some cases is just too much for some hostile suffering alcoholics to accept when their need is most desperate. I think that the lack of a better knowledge of God may account for the meager results of AA's ability to attract and hold more than ten percent of the known chronic alcoholics.

Some sober AA's do come into or return to the Church, but many do not. I wish that AA were a channel into the Church, but it is not. Intentionally at least, Alcoholics Anonymous is not an obstacle to religious faith and active church membership, neither is AA intended to be a substitute for church membership. AA simply wishes to take no position whatever regarding Church membership or specific religious beliefs.

I have had to deal with my resentment of the religious indifferentism in Alcoholics Anonymous. In fact I have resolved it entirely by realizing that chronic alcoholics who have achieved sobriety have been through a death and resurrection experience, and do not need the ministry of the church for conversion in the same way that non-alcoholics do. Non-alcoholics have not been crushed by alcohol. They have not died the death. They haven't descended into the alcoholics hell. This death and resurrection experience must be found in some other way by non-alcoholics.

I do want to point out to my AA friends that their

conversion experience is only the beginning of a spiritual life. The Church is the best resource possible for them to enrich their lives and to make the twelve recovery steps much easier to put into practice. The Church can do for them what AA cannot; just as AA could do for them what the Church could not. The combination of AA and the Church provides the richest, most rewarding, most productive program possible. The co-founder of AA, Bill W. stated publicly many times, particularly in "Alcoholics Anonymous Comes of Age" that the program would not have been formed at all without the help of his clergymen friends, Father Ed Dowling, and Dr. Sam Shoemaker. He also stated that the principles of AA were received entirely from religious movements and nowhere else.²⁴ Finally, I am able to understand that while many sober alcoholics may not turn to the church for answers, fewer of the drunk alcoholics will be good practicing members of the Church.

My good friend and teacher, Dr. E. Mansell Pattison Professor of Psychiatry at the Irvine Campus of the University of California, has given me a copy of a paper he will present to the annual meeting of the American

²⁴Alcoholics Anonymous Comes of Age, Alcoholics Anonymous (New York: 1973).

Psychiatric Association in Miami, May 1976.²⁵ He notes several studies which show hostility on the part of professionals of every treatment modality toward the treatment of alcoholics. I can well understand that hostility, especially on the part of physicians. Alcoholism is recognized as a disease and in Alcoholics Anonymous and other successful treatment programs it is best treated not by physicians and other professionals, but by the untrained sufferers of the disease itself. How ridiculous that a disease should be treated by its victims who have no education or training in treatment therapies. And on top of that to have a spiritual recovery that does not rely on ordained clergy or the church seems to add insult to injury. I can only suggest that since it works we try more of the same. In humility we can recognize the gift of God working in this unusual spiritual movement. God does not limit himself to the body of revealed doctrine of which the church is the custodian and guardian. Nor is the ability to heal confined to the practioners of the healing arts.

The denial characteristic of alcohol use and abuse which I discuss in Chapter II is so prevalent and so strong that there is an inherent danger in making clear cut distinctions. Really there are no separate compartments

²⁵E. Mansell Pattison, M.D. "Ten Years of Change in Alcoholism Treatment and Delivery Systems." A talk

into which we can put people who drink. Nor are there any certain categories of people who develop into absolutely predictable types of drinkers. Various excellent studies have been made of the influences of ethnic and cultural backgrounds on drinking patterns. Religious beliefs and practices also play a part in drinking customs. Socio-economic status is also important in customary drinking patterns. Individual family attitudes can also be considered. There have been many attempts to ascribe the development of alcoholism to personality traits and to psychological disorders.²⁶

I do not dispute that we can gain some valuable insight from these studies, but I also believe that we could do about as well without them. At best they only show tendencies. In my association with alcoholics and the treatment of alcoholism over the past eight years, I have met and counseled with chronic alcoholics, situational alcoholics and recovering alcoholics from every category and from every background. Anyone who drinks at all runs considerable risk of occasional abuse and some risk of becoming an alcoholic. I think that the socio-economic class, the educational level, the ethnic and cultural origin

delivered at the Annual Meeting of the American Psychiatric Association, Miami, May 1976.

²⁶E. Mansell Patteson, M.D., "Population Variation Among Alcoholism Treatment Facilities," International Journal of the Addictions, 8 (2) pp. 199-299, 1973.

and the personality classifications give good indications of what kind of alcoholic behavior is likely to result from over-indulgence.

The first group of recovered alcoholics who assisted me in my efforts at establishing a treatment program were exclusively in the upper-upper socio-economic class. They were all white, anglo-saxon protestants. They had nearly all been treated at expensive and exclusive clinics. Their group was not so far as I know intentionally exclusive, but their group did not attract members of other socio-economic classifications. Nor did the members all limit themselves to this group alone. Through them I met another group of lower-upper socio-economic status. These were business and professional men and women, all college educated, and all prosperous. This second group included Irish, Italian and Polish Catholics, white anglo-saxon protestants and one orthodox Jew. There were lawyers, educators, physicians, corporation directors, military officers, and clergymen in both these groups. I did not find either group to be snobbish. In fact they seemed to me to be extraordinarily humble and good people. Although they tended to guard their anonymity carefully, they worked actively with me and other professionals in various recovery programs. I was surprised at how many of them served as speakers on the subject at universities, colleges, hospitals, clinics and service organizations. Although

non-alcoholics are not welcomed to their closed meetings there were enough open meetings conducted by these groups that anyone who was interested could get acquainted with them. And no recovering alcoholic was unwelcome to join their closed groups.

It was fortunate for me that I met these people first. I was removed from the notion that alcoholics in this recovery program are all skidroad inebriates. In fact for about a year I had the naive idea that only the upper socio-economic class had much of a chance at recovery. I learned from them, however, that their position in life had protected them during their drinking days from many of the hazards suffered by less affluent and influential people. They did not consider that the disease of alcoholism was basically different for them. It consisted of uncontrolled excessive drinking. The one difference was their need for and ability to obtain clinical treatment as an entry way for the recovery program. Most of them doubted that they would have found the program without prior clinical treatment. Later on I met recovering alcoholics from the other four socio-economic classifications. I do not have statistical data to support my impressions, but my own rather extensive experience suggests to me that recovering alcoholics come from all six socio-economic classes in about the same proportion that these classes are to be found in the

general population. They do tell different stories of their drinking days and their initial recovery methods.

The upper-upper and lower-upper classes were hidden alcoholics and were treated in expensive clinics. The upper-middle class alcoholics had more difficulty with the law and were treated in programs sponsored by their companies and professional organizations. The lower-middle classes had even more trouble with law enforcement agencies and were ostracized by their families and friends. Both of the lower classes were in frequent legal trouble and if they received treatment at all it was in public, state and county facilities or in court ordered programs. But the disease process was essentially the same for all.

A 1955 study made by Charles Snyder of the drinking habits of Jews discloses that the very low rate of alcoholism among Jews holds true only so long as ethnic religious and cultural values are closely held. As Jews move away from these facets of Jewishness the incidences of alcoholism rises from four percent of low income orthodox Jews to fifty-three percent of high income secular Jews. I suspect the same could be said of Italian Catholics and of Mormons, Methodists and Baptists.

I have suggested the first three steps of the recovery program of Alcoholics Anonymous as the proper stance for all of our society. I think that of all the social systems in American life the church can lead the

way. Certainly the church can say in all humility and truth, "We are powerless over alcohol." We can go a lot further than that. We are powerless over the human condition. Man is a problem to himself and that problem is expressed in many ways in the lives of all of us. Alcohol use, abuse and alcoholism are but symptoms of the soul sickness we all have. We have not developed nor will we ever develop through our own efforts a successful, sane, rational method of controlling our human nature.

Our hope lies in the Power of God to restore us to grace. In the church we have a fellowship of men and women who are trying to live as God would have us live. We are continually seeking Him, always finding Him and never possessing Him. We don't always succeed in turning our lives and our wills over to His care, but when we do we find the peace and serenity to do the possible, soberly, justly and piously.

The voice of the Church is sometimes heard as condemning the sinner and that is our fault. Jesus, our Savior condemned the self-righteous, not the sinner, and we in the Church must accept that judgment.

CHAPTER VIII

THE CHURCH - GOD'S INSTRUMENT OF HEALING POWER

Before I propose any suggestions for a program of action on the part of the church, I think we should realize that the church has been successfully involved in the treatment of alcoholism for a very long time. Prevention of alcoholism and alcoholic symptoms is impossible to see in those individuals where it has been successful. They simply do not develop either the symptoms or the disease. We cannot identify people who might have become symptomatic or chronic alcoholics, but who did not. Nor can we identify those who recovered from alcoholism through Church ministries. And if we could identify them we would not do so. We can say with certainty that there are a hundred million Americans practicing their faith, using the church as their instrument of salvation, and who have not found it necessary to drink to excess. There are, of course, some church members who become alcoholics of one kind or another, just as there are other church members who become alcoholics of one kind or another, just as there are other church members who develop all the other physical and psychological diseases. But they don't become alcoholics because they practice a religious faith. They become alcoholics because they haven't taken full advantage of the

means available to them, and because the disease nature of alcoholism is not understood. Religion will not make a truly social drinker out of a chronic alcoholic, but it will enable a chronic alcoholic to be abstinent and serene. There are millions of happy church members who have chosen abstinence as a way of life. There are millions more who may occasionally have abused alcohol, but draw back from such conduct because they have violated their standards.

It is by no means fair or true to say that the church has failed, or is not effective. Some of the things we have tried haven't worked: prohibition and legal control for example, but someday we may learn that the Church doesn't do well at all with civil legislation especially in a society that demands absolute separation of church and state. We don't do very well with moralizing either. The thunderous sermons on the evils of demon rum, drunkenness and alcohol abuse serve more to antagonize people than to promote sobriety. We haven't done very well either at defining the theology of sobriety.

The time has come for us to seek a common position that will fit in the varieties of positions we hold with regard to the drinking of alcohol. Those who promote total abstinence for everyone are really not so far apart from those who promote the moderate use of alcohol for everyone. The common meeting ground is the perception of

alcoholism as the disease it is, and excessive drinking as the major symptom of that disease. Both extremes of viewpoints can agree that there are many people who cannot drink moderately, and that abstinence is the necessary goal for these people. Certainly it can be proclaimed that no one is under obligation to drink and that abstinence is a legitimate goal when properly promoted. Certainly it is agreed that those who choose to drink are seriously obligated to levels of alcohol consumption below that of intoxication. Certainly there is agreement that no one has the right to be drunk, certainly it can be agreed that diseased people have the right to treatment, and that diseased people who threaten the safety of others have grave obligation to seek and accept treatment. It is time for us to put behind us the trauma of prohibition as no more than an interesting facet of history. It is time to stress the obvious. It is time for positive action.

There is nothing to prevent the Church speaking out to all people with a message like this. "We know that you don't drink because you are evil people, and that drunkenness is not your intended goal. You drink because you seek serenity. You drink to seek relief from your spiritual struggle. You drink to feel good. We can meet your spiritual needs far better than alcohol can. The spirit of alcohol is a very poor substitute for the Spirit of God."

In the Church we have all the treatment tools for this disease and we have a more perfect and abundant supply of these tools than anyone else. Many people seek and find relief from essential tension in transcendental mediation. TM is nothing but a pale imitation of the adoration of GOD. If TM works at all, how much better the fullness of the Church's rich and multivariied liturgy. How much better the substantive worship of God, especially for modern, western culture. If Alcoholics Anonymous can successfully treat ten percent of all chronic alcoholics with a rather timid use of the Church's spiritual methods, cannot the Church using better tools reach almost all the remaining ninety percent? We don't know because we have not really tried. And how about the much larger number of people who have been labeled with various soft non-diagnoses as "heavy drinkers" and "alcohol abusers." No one so far is trying to treat these people. Lots of condemnation, yes, but condemnation doesn't work any better with situational and symptomatic alcoholics than it does with chronic alcoholics. Let the Church go out to meet these people with a program of treatment. They are showing signs of the disease. Let's challenge the concept that nothing can be done for them unless they develop chronic alcoholism and hit bottom. That idea is like giving up treating the common cold, but curing pneumonia.

Successful treatment of chronic alcoholism has combined love, acceptance and confrontation. The Church has all these in abundance. All we need to do is use them.

We have every manner of prayer known to mankind. Prayer is powerful, and works to accomplish miracles when we stop telling God what to do and instead seek to cooperate with His will. Miracles should be the ordinary in the life of the Church, and indeed where showmanship is avoided, they are common and everyday happenings.

Attitude changes are accomplished with great difficulty. People don't automatically discharge cherished ideas in the face of facts. Facts can be seriously distorted by bias. Attitudes are changed by conversion, and conversion is the common experience of all devoutly religious people. Conversion is a major tool used by the Church. If we but seek God's solution, He will give it to us. The priesthood, whether exercised by the ordained clergy or by the kingly priesthood of all believers is powerful when used in intercession before God on behalf of God's people. Every method of education has been used by the Church. There were times in the past when the Church was practically the only educator. The Church has splendid educational facilities. Let's use them in confronting this disease.

Every method of healing is available in the Church.

Of recent years the Church's healing ministry has been deemphasized and neglected because of the rise of scientific medical procedures. It is time for the Church to reemphasize healing ministries not as an alternate to but as a reinforcement of medical treatment. James, the Apostle, says that when people are sick among us we should call the elders and priests of the Church to pray over them, anointing them with oil in the name of the Lord "and the prayer of faith will save the sick man, and the Lord will raise him up; and if he has committed sins, he will be forgiven." This is a prescription applicable to alcoholism as sickness and as possible sinfulness. Why should we continue to neglect the laying on of hands? We wanted to avoid the mistake of using these treatment methods instead of established medical procedures and made the opposite mistake of substituting medical treatment for spiritual remedies. It isn't a question of either/or. Neither can, nor should, supplant the other.

All methods of psychotherapy and depth counseling are to be found in the Church. The pastoral function has always included counseling as a major function of ministry. The modern pastoral counseling movement has incorporated secular therapies. Modern techniques have now been incorporated, so that anything that is useful in this field can be used by us. The clergy have always been the major

providers of mental health care. As the clergy have accepted modern treatment methods they are gaining even greater acceptance as competent therapists. We have a great reservoir of competent professionals. The clergy have some wonderful advantages that other professionals do not. Physicians, psychotherapists and lawyers cannot enter in uninvited where the clergy are welcome without invitation. There is an almost universal acceptance of the clergy as people who accomplish great good and are of valuable service to people in need. Clergy are certainly welcome in the homes of church members and are well received in most others. They are quite likely to be received with love and respect. Their advice is heeded. Personal problems are revealed to them in confidence, and in depth.

The Church has organization. We don't need to create any new ones to treat alcoholism. All we need do is add a knowledgeable recovered alcoholic as an advisor at all levels of our existing organizations. The Pope should have one, the bishops and all who occupy similar positions should cultivate recovered alcoholics as staff resources. Above all, every pastor should have a cadre of recovered alcoholics to assist in the pastoral mission. Every church school, sodality, altar or aid society, every social and task group in the church could enrich their

programs by including them. Let's put these valuable people to work teaching us and helping us to solve our common problem.

We have the resources to help every existing successful treatment program, particularly Alcoholics Anonymous, Al-Anon, Al-ATEENS and Al-Atots. Our blessing and our encouragement would be a real help in expanding their effectiveness, and also would dispel the unconscious and unspoken hostilities that exist. The Church is already doing some of this by making facilities available for meetings and by making referrals. AA and other self help programs will refuse alliance with us and really we don't need to be allied. They will accept our encouragement. They will help us with our programs. Let's at least have diplomatic relations between them and us. It need not be a question of either/or: it should be a matter of both/and for the chronic alcoholic. We can all benefit from cooperation.

The message of the Church is essentially that of *felix culpa*, oh happy fault..That is, mankind is better for having sinned because the redemption from sin is so wonderful that it makes us better people than we would have become had sin never entered into human existence.

Many recovered alcoholics, after recovery, speak this way about their disease. They see themselves as

better people than ever they would have been had they been nonalcoholic.

If there is any meaning and purpose of the existence of sin, of evil, and of death in this life; if there is any sense at all in the essential conflict of human existence, the conflict between supernatural and natural man, between ID and Superego, between what is and what ought to be, this is it. God can and does create a greater and better human being in redeemed man than in humankind in a pure state without need for redemption. What a powerful message to give to alcoholics of all kinds, and to those who have to deal with alcoholism in others rather than in themselves.

We have here a major disease of mankind which can be treated and prevented only by using the teachings, the tools and methods borrowed from the Church. We have a disease primarily spiritual in nature, a very treatable and preventable disease. May God speed the day when His Church will function as the major instrument of His healing power.

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